



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501
HELENA MT 59620-2501

www.opi.state.mt.us
(406) 444-3095
888-231-9393
(406) 444-0169 (TTY)

Linda McCulloch
Superintendent

MONTANA EDUCATOR LICENSURE APPLICATION

The Montana Superintendent of Public Instruction is responsible for issuing all teacher, administrator, and specialist licenses in the state of Montana. The Educator Licensure Program at the Superintendent's Office of Public Instruction is responsible for evaluating all applications for licensure. You may contact the Educator Licensure Program at www.opi.state.mt.us/cert or at (406) 444-3150.

Montana law requires that all educators be properly licensed and endorsed prior to being employed in an accredited school in Montana. If you have not been licensed in Montana, or if you wish to reinstate a lapsed, revoked or suspended license, you must complete this application material. **Montana law also requires that any applicant for initial licensure, any person seeking emergency authorization of employment or any applicant seeking to reinstate a lapsed, revoked or suspended license must submit information and material for a fingerprint-based national criminal history background check.** The application for that background check is a separate packet of documents. If you need a background check application contact the Office of Public Instruction at (406) 444-3150 or (406) 444-4402.

Please follow the instructions, complete all application material, attach all required documentation, and return the completed application material to:

Educator Licensure Program
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Over 170 years ago, Abraham Lincoln said, "Upon the subject of education, . . . I can only say that I view it as the most important subject which we as a people can be engaged in." Nothing has changed since that time — public education remains a cornerstone of our democracy. Thank you for your interest in applying for a Montana Educator License. We welcome the opportunity to consider your application.

If you need assistance from my staff or me, please contact us. Our website at www.opi.state.mt.us/ contains a great deal of information that may be of help to you.


Superintendent of Public Instruction

Montana Educator Endorsements

TEACHING

Agriculture
Art
Art (K-12)
Biology
Business Education
Chemistry
Computer Science (K-12)
Dramatics
Earth Science
Economics
Economics—Sociology
Elementary Curriculum
English
English as a Second Language
English as a Second Language (K-12)
Family and Consumer Sciences
French
French (K-12)
Geography
German
German (K-12)
Health
History
History—Political Science
Industrial Arts
Italian
Journalism
Latin
Latin (K-12)
Library
Library (K-12)
Marketing
Mathematics
Music
Music (K-12)
Physical Education & Health
Physical Education & Health (K-12)
Physical Science
Physics
Physics/Physical Science
Psychology
Political Science
Reading
Reading (K-12)
Russian
Russian (K-12)
School Counseling
Science (Broadfield)
Social Studies (Broadfield)
Sociology
Spanish
Spanish (K-12)

Special Education
Special Education (P-12)
Speech—Communication
Speech—Drama
Technology Education
Traffic Education (K-12)

ADMINISTRATIVE

Elementary Principal
Principal (K-12)
Secondary Principal (5-12)
Superintendent
Supervisor (K-8)
Supervisor (5-12)
Supervisor (K-12)

SPECIALIST

School Counselor
School Psychologist

Permissive Specialized Competency

Statement of specialized competency identified on license:

Permissive Special Competency: Early Childhood

Permissive Special Competency: Gifted (K-12)

Professional Educators of Montana Code of Ethics

**Adopted by the Certification Standards and Practices Advisory Council of the
Montana Board of Public Education on October 30, 1997.**

Preamble

Education in Montana is a public endeavor. Every Montanan has a responsibility for the schooling of our young people, and the state has charged professional educators with the primary responsibility of providing a breadth and depth of educational opportunities.

The professional conduct of every educator affects attitudes toward the profession and toward education. Aware of the importance of maintaining the confidence of students, parents, colleagues and the public, Montana educators strive to sustain the highest degree of ethical conduct. While the freedom to learn and the freedom to teach are essential to education in a democracy, educators in Montana balance these freedoms with their own adherence to this ethical code.

The Professional Educator in Montana:

Makes the well-being of students the foundation of all decisions and actions.

- ☐ Protects students when their learning or well-being is threatened by the unsafe, incompetent, unethical, or illegal practice of any person.
- ☐ Provides educational services with respect for human dignity and the uniqueness of the student.
- ☐ Safeguards the student's right to privacy by judiciously protecting information of a confidential nature.

Fulfills professional responsibilities with diligence and integrity.

- ☐ Enhances individual competence by increasing knowledge and skills.
- ☐ Exemplifies and fosters a philosophy of education which encourages a lifelong pursuit of learning.
- ☐ Contributes to the development and articulation of the profession's body of knowledge.
- ☐ Promotes professionalism by respecting the privacy and dignity of colleagues.
- ☐ Demands that conditions of employment are conducive to high-quality education.

Models the principles of citizenship in a democratic society.

- ☐ Respects the individual roles, rights, and responsibilities of the community including parents, trustees, and colleagues.
- ☐ Assumes responsibility for individual actions.
- ☐ Protects the civil and human rights of students and colleagues.

GENERAL INFORMATION ABOUT EDUCATOR LICENSURE IN MONTANA

To qualify for licensure in Montana, you must meet the minimum requirements outlined in Montana statutory law (Mont. Code Ann. §20-4-104) and the specific requirements outlined in Montana Board of Public Education policy (Admin. R. Mont. 10.57.101 through 10.57.801).

Minimum Qualifications (MCA §20-4-104):

- You must be 18 years of age or older.
- You must be of good moral and professional character.
- You must have completed the teacher education program of a unit of the Montana University System or an essentially equivalent program at an accredited institution of equal rank and standing as that of any unit of the Montana University System, and your training must be evidenced by at least a bachelor's degree and a certification of the completion of the teacher education program (except for Class 5 Alternative License and Class 4 Career and Vocational/Technical License described below). The classifications of Montana educator licenses and the additional requirements for each are listed below.
- You must take the following oath or affirmation before an officer authorized by law to administer oaths (generally a notary public): "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

Montana Board of Public Education Requirements (Admin. R. Mont. 10.57.101 through 10.57.801):

The classifications of teacher, administrator and specialist licenses and the specific requirements are:

Class 1—Professional Educator License

Class 2—Standard Educator License

Class 3—Administrative Educator License

Class 4—Career and Vocational/Technical License

Class 5—Alternative License

Class 6—Specialist Educator License

Class 7—American Indian Language and Culture Specialist

To qualify for a Class 7 American Indian Language and Culture Specialist, you must be recommended by a Tribal chairperson or other designated official. You must meet the Tribal standards for competency and fluency as a requisite for teaching Tribal language and culture. Please contact the Educator Licensure Division at the Office of Public Instruction for more information and application directions.

CLASS 1 PROFESSIONAL EDUCATOR LICENSE

To qualify for a Class 1 Professional Educator License, you must qualify for a Class 2 Standard Educator License (see Class 2 instructions) and have earned a master's degree from an NCATE accredited or state board of education approved professional educator preparation program and have three years of verified full-time (K-12) teaching experience.

OR

You must show proof of one year of study consisting of 30 graduate semester (45 graduate quarter) credits beyond your bachelor's degree from an NCATE accredited or state board of education approved professional educator preparation program and have three years of verified full-time (K-12) teaching experience.

If you qualify, please submit:

1. Completed application—pages 1, 5, 11, 12, 13
2. Official transcripts, including both bachelor's and master's transcripts
3. A photocopy of your current valid out-of-state professional license (or forward page 2 of application to your college or university)
4. If you do not hold a current out-of-state license, forward page 2 of the application to your college or university. A licensure official must validate your completion of a program and return the form to you to be included in your application packet.
5. Evidence of three years of verified successful K-12 teaching experience
6. \$36 fee—payable to the OPI
7. Fingerprint background check application and \$32 fee submitted directly to the Montana Department of Justice

CLASS 2 STANDARD EDUCATOR LICENSE

To qualify for a Class 2 Standard Educator License, you must hold a current valid out-of-state professional (but not alternative or provisional) educator license and have completed an NCATE accredited or state board of education approved educator preparation program in an area corresponding to licensure available in Montana (refer to Montana Educator Endorsements).

OR

You must have graduated within the last five years from an NCATE accredited or state board of education approved educator preparation program.

If you qualify, please submit:

1. Completed application—pages 1, 11, 12, 13
2. Official transcripts
3. A photocopy of current out-of-state license
4. If you do not hold a current out-of-state license, forward page 2 of the application to your college or university. A licensure official must validate your completion of a program and return the form to you to be included in your application packet.
5. \$36 fee—payable to the OPI
6. Fingerprint background check application and \$32 fee submitted directly to the Montana Department of Justice

CLASS 3 ADMINISTRATIVE EDUCATOR LICENSE

To qualify for a Class 3 Administrative Educator License, you must:

1. Qualify for Teaching Licensure in Classes 1 or 5
2. Have earned a master's degree at an NCATE accredited or state board of education approved professional educator preparation program, or a master's degree with equivalent course content for the specific endorsement you are requesting, or hold a current valid professional (not provisional or alternative) administrative out-of-state license from an NCATE accredited or state board of education approved professional educator preparation program.
3. Present evidence of three years of verified full-time teaching experience. For superintendent candidate, present one year of verified administrative experience and meet the requirements for principal endorsement.

If you qualify, please submit:

1. Completed application—pages 1, 2, 3, 4, 5, 11, 12, 13
2. Official transcripts, including both bachelor's and master's transcripts
3. A photocopy of your current, valid professional out-of-state license (if applicable or forward page 2 of the application to your college or university)
4. \$36 fee—payable to the OPI (If you apply for the educator and administrative license, the fee is \$66.)
5. Fingerprint background check application and \$32 fee submitted directly to the Montana Department of Justice

CLASS 4 CAREER AND VOCATIONAL/TECHNICAL LICENSE

The Class 4 Career and Vocational/Technical Educator License is based on evidence of 10,000 hours of verified work experience. Please see page 6 for the work experience verification form

Upon submission of evidence of 10,000 hours of work experience in an occupation offered as an endorsement, we will complete our formal evaluation. Please see listing of offered endorsements below.

Trades and Industry:

Agriculture Mechanics
Auto Body
Automotive Technology
Aviation
Building Maintenance
Building Trades
Computer Information Systems
Culinary Arts
Diesel Mechanics
Drafting

Electronics
Graphic Arts
Health Occupations
Heavy Equipment Operations
Horticulture
Industrial Mechanics
Machining
Metals
Small Engines
Welding

Applicants for initial Class 4 licensure who have a current career and vocational/technical license from another state in an area that can be endorsed in Montana shall be licensed as Class 4A, 4B, or 4C depending on the level of education and extent of training.

If you qualify for Class 4, please submit:

1. Completed application—pages 1, 6, 11, 12, 13
2. \$36 fee—payable to the OPI
3. A copy of your GED or high school diploma
4. Verification of Career and Vocational/Technical work
5. Fingerprint background check application and \$32 fee submitted directly to the Montana Department of Justice

CLASS 5 ALTERNATIVE LICENSE

Term: Three years—not renewable and may not be reinstated

Basic Education: Bachelor's degree and major preparation toward full licensure, but have minor discrepancies such as lack of recent credits or program deficiencies

Requirements: Recipient of the Class 5 Alternative must sign and file with the Superintendent of Public Instruction a plan of professional intent leading to full licensure within three years of the date of the alternative license

If you do not qualify for a Class 1, 2, 3, or 6 Educator License and want evaluation for eligibility for a Class 5 Alternative License, please submit:

1. Completed application—pages 1, 11, 12, 13 (page 2, if you have completed a teacher preparation program)
2. \$24 fee—payable to the OPI
3. Indicate endorsements you wish to hold in Montana
4. Official college transcripts
5. Fingerprint background check application and \$32 fee submitted directly to the Montana Department of Justice
6. Page 5, Work Verification form, must be included to move into a Class 1 and/or a Class 3 license
7. If you are applying for a Class 5 to move into a Class 6, please complete additional page 8 or page 10

Upon receipt of the above, we will complete a formal evaluation of your preparation.

CLASS 6 SPECIALIST EDUCATOR LICENSE

To qualify for a Class 6 Specialist License, you must have completed a master's degree in either school psychology or school counseling from an NCATE accredited or state board of education approved professional educator preparation program, or hold current valid professional (not provisional or alternative) out-of-state licensure from an NCATE accredited or state board of education approved professional educator preparation program, or hold current credentials as a Nationally Certified School Psychologist (NCSP). If you do not meet these requirements, please see Class 5 Alternative Licensure.

1. Completed application—pages 1, 7 or 9, 11, 12, 13
2. \$36 fee—payable to the OPI
3. Indicate endorsements you wish to hold in Montana
4. Official college transcripts
5. Fingerprint background check application and \$32 fee submitted directly to the Montana Department of Justice

FINGERPRINT BACKGROUND CHECK REQUIREMENT

Who: If you are (1) applying for initial Montana educator licensure, (2) seeking emergency authorization of employment, or (3) seeking to reinstate a lapsed, revoked, or suspended educator license, Montana Board of Public Education policy requires you to provide information and material to obtain a fingerprint-based national criminal history background check (a “background check”).

What: The background check is a report compiled from data held by the Montana Department of Justice and the United States Federal Bureau of Investigation. The report contains criminal convictions and it may influence your qualification for licensure. The Superintendent of Public Instruction may not issue a license until the background check has been completed and the results of the background check have been delivered to and reviewed by the Office of Public Instruction.

Why: One of the legal requirements for educator licensure in Montana is that you be of “good moral and professional character.” The background check is a tool the Office of Public Instruction uses to evaluate a person’s character. Conviction, including conviction following a plea of *nolo contendere*, a conviction in which the sentence is suspended or deferred, or any other adjudication treated by the court as a conviction, may be considered by the Office of Public Instruction in the licensure process if the conviction was for a sexual offense, a crime involving violence, the sale of drugs, or theft, or any other crime meeting the criteria of Title 37, Chapter 1, Part 2, MCA.

Your Rights: You are entitled to: (1) obtain a copy of any background check report and (2) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination on your application is made by the Office of Public Instruction.

How: The background check requires that you submit a separate application directly to the Montana Department of Justice. The Office of Public Instruction will provide to you that application material. The cost of the background check is \$32, which must be paid directly to the Montana Department of Justice. The background check requires fingerprinting by a qualified office or person, generally a local law enforcement officer (police or sheriff). The application for a background check requires that you: (1) submit your name, address, and date of birth (as appearing on a valid identification document); (2) submit a statement that you have not been convicted of a crime and the particulars of the conviction; (3) be notified of certain rights under federal law; and (4) be notified that prior to the completion of the background check you may be denied unsupervised access to children.

The Office of Public Instruction may accept the results of a background check conducted for the Montana University System or a private college or university in Montana of a student, provided the background check was completed no more than two years before the applicant submits a license application to the Office of Public Instruction.



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us
ATTN: Educator Licensure

• NOTICE •
INCOMPLETE APPLICATIONS WILL BE RETURNED

EDUCATOR LICENSE APPLICATION TEACHER-ADMINISTRATOR-SPECIALIST

Last Name	First Name	Middle Name	Former Name(s)	
Mailing Address (Street, RFD, PO Box)		City	State	ZIP
E-Mail Address				
Folio No. (if previously assigned)	Social Security No.	Date of Birth	Home Phone	Work Phone

Classes Applied for and Nonrefundable Fees: (MCA §20-4-109)

	Fee	Check Classes Requested
Mandatory Filing Fee for Initial License	\$6.00	✓
Class 1—Professional Educator License (5-year license)	\$30.00	
Class 2—Standard Educator License (5-year license)	\$30.00	
Class 3—Administrative Educator License (5-year license)	\$30.00	
Class 4—Career and Vocational/Technical License (5-year license)	\$30.00	
Class 5—Alternative License (3-year license)	\$18.00	
Class 6—Specialist Educator License (5-year license)	\$30.00	
TOTAL Cost of All Checked—Submit check payable to “OPi”	\$	

FOR STATISTICAL USE ONLY: (a) Gender: Female _____ Male _____ (b) Ethnicity: American Indian/Alaskan Native _____ Asian American _____
Hispanic or Latino _____ Black or African American _____ White, Non-Hispanic _____ Native Hawaiian or Pacific Islander _____
Other (specify) _____

List endorsement areas you are requesting _____

Do you currently hold a certified position in a Montana school? If so, what school? _____

Supervisor _____ Phone _____

State of _____

County of _____

OATH:

You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths.

(MCA §20-4-104.) “I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana.”

DECLARATION:

- I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking.
- I acknowledge that I have read the **Professional Educators of Montana Code of Ethics**.

Signature of Applicant _____

Subscribed and sworn before me

Signature of Notary Public _____

this _____ day of _____.

My Commission Expires _____

❖ SPECIFY THE SCHOOL YEAR FOR WHICH THIS LICENSE IS BEING REQUESTED: _____



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us
ATTN: Educator Licensure

CLASS 1, 2 AND/OR 3 INSTITUTIONAL EVALUATION AND RECOMMENDATION

Last Name	First Name	Middle Name	Former Name(s)	
Mailing Address (Street, RFD, PO Box)		City	State	ZIP
E-Mail Address				
Folio No. (if previously assigned)	Social Security No.	Date of Birth	Home Phone	Work Phone

The above-named is an applicant for teacher or administrative licensure in Montana.

Instructions: Complete this form only if applying for a Class 1, 2, 3 or 5, if applicable. If not, please discard.

Institutional Evaluation and Recommendation:

The Dean of Education or Certification Official at your college must complete this form. Photocopy if needed.

Evaluation of Teacher Preparation	Semester Credits	Quarter Credits	*Check Here if Deficient
Elementary education program completed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Secondary education program completed <input type="checkbox"/> 5-12 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Teaching major(s) <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 (specify) _____			
Teaching minor(s) <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 (specify) _____			
Class 3 Administrative Program <input type="checkbox"/> Class 3 Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> Secondary Principal <input type="checkbox"/> Supervisor <input type="checkbox"/> K-12 Principal <input type="checkbox"/> Supervisor K-12 Special Education			

Recommendation

If recommending an adjustment or addition to an existing license, please indicate below:

1. Change Class to _____
2. Has completed conversion program to _____ (elementary or secondary) education.
3. Has completed a teaching minor (or major) resulting in an added endorsement.
Subject area and level _____ No. of Credits _____
Subject area and level _____ No. of Credits _____

University
Seal

I hereby recommend licensure for _____
(Name)

Signature _____	Institution _____
Title _____ (Dean of Education or Licensure Official)	Please check if your institution is <input type="checkbox"/> State Board <input type="checkbox"/> NCATE
Printed Name _____	Date _____
	Phone Number _____



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 Montana Office of Public Instruction
 PO Box 202501
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CLASS 3 ADMINISTRATIVE LICENSE

INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR PRINCIPAL AND/OR SUPERINTENDENT

Within each program, the following graduate content is required. Identify the course in which the identified graduate content was contained.

ELEMENTARY PRINCIPAL (content required):	Rubric	Course Title	___Sem. ___Qtr. Credit
School Leadership			
Instructional Leadership including:			
A. Supervision			
B. Elementary Curriculum			
Management including:			
A. School Finance			
B. School Law			
School and Community Relations			
SECONDARY PRINCIPAL (content required):			
School Leadership			
Instructional Leadership including:			
A. Supervision			
B. Secondary Curriculum			
Management including:			
A. School Finance			
B. School Law			
School and Community Relations			

SUPERINTENDENT

Has the applicant completed a year-long administrative internship as superintendent? ☐ Yes ☐ No Rubric_____

Content Required:	Rubric	Course Title	Credit
Organizational Leadership			
Instructional Leadership			
Management including:			
A. School Finance			
B. Facilities			
C. Law and Policy			
D. Personnel and Labor Relations			
Public Relations			



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CLASS 3 ADMINISTRATIVE LICENSE INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR SUPERVISOR ENDORSEMENT

SUPERVISOR—

Has the applicant completed your institution's approved master's degree in the special area to be endorsed? ☐ Yes ☐ No

	Rubric	Course Title	Credit
At least 21 graduate quarter (14 semester) credits in education or the equivalent to include the following content:			
General school administration			
Administration in the special area to be endorsed			
Supervision of instruction			
Basic school finance			
School law			
A Supervised Practicum/ Internship (minimum of 6 quarter credits)			

SUPERVISOR—SPECIAL EDUCATION K-12

Has the applicant completed your institution's approved master's degree in special education, school psychology, speech language pathology, audiology, physical therapy, occupational therapy, registered nurse, clinical social worker or clinical professional counselor? ☐ Yes ☐ No

Has the applicant completed the following 24 graduate semester credits in courses below? ☐ Yes ☐ No

	Rubric	Course Title	Credit
General school administration			
Administration of special education			
Supervisor of instruction			
Basic school finance			
School law			
Supervised practicum			



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VERIFICATION OF EDUCATION EXPERIENCE

Complete this form only if applying for a Class 1 or Class 3 License. If not, please discard. This statement should be prepared and signed by the appropriate school official. The **current** appropriate administrator may sign this form based on personnel records.

If you need to send this form to more than one district or if you need additional space, please make a photocopy of this form.

INITIAL: **Class 1 Teaching—**

- Three (3) years of successful teaching experience, the majority of which must have been obtained in a K-12 structure.

Class 3 Supervisor—

- Three (3) years of successful teaching experience as an appropriately licensed and assigned teacher.
- Five (5) years of successful experience in an accredited school setting as a fully licensed and assigned related services provider for Special Education Supervisor endorsement.

Class 3 Administrative (Principal)—

- Three (3) years of successful teaching experience as an appropriately licensed and assigned teacher.

Class 3 Administrative (Superintendent)—

- One (1) year of administrative experience as an appropriately licensed administrator (principal, assistant principal, supervisor), OR
- One (1) year of a supervised internship as superintendent.

A. _____
(Applicant)

B. Assignment
____ teacher
____ administrator
____ school psychologist
____ school counselor
____ other _____

C. ____ full-time/ ____ part-time
(if part-time, please explain)

D. Grades _____

E. **Dates of employment:** from (month/year) _____ to (month/year) _____.

If part-time or substitute experience, give exact number of days being verified: _____ days

School/District: _____ Address: _____

City/State: _____ ZIP: _____

F. I hereby affirm that this experience was:

☐

Satisfactory

☐

Unsatisfactory

If unsatisfactory, attach a letter of explanation.

Signature

Present Title

Date

Printed Name

Address

City

State

ZIP

Phone



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CLASS 4 VERIFICATION OF CAREER AND VOCATIONAL/TECHNICAL EDUCATION WORK EXPERIENCE

Complete this form only if applying for a Class 4 License. If not, please disregard. One of the requirements for issuing licenses to teach career and vocational/technical education is the verification of successful work experience in the field. If you are applying for computer information systems or health occupations, an industry standard certificate or current professional license may be submitted with this application.

(To be completed by Applicant)

I, _____,
Print and Sign Name

in making application for a license to teach _____,
Name of Course

authorize my former employer, _____,
Name of Employer Address of Employer

to furnish the Office of Public Instruction with the following information:

(To be completed by Employer)

1. The above-named person was employed by _____ from
Name of Employer

_____ to _____, a period of _____. This
Date Date No. of Months

was (full-time) (part-time) employment. (If part-time, please give total hours worked _____.)
(Circle One)

2. He/she was employed as a _____.
Name of Position

Briefly describe the duties of this position.

**Return to the attention of:
Educator Licensure
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501**

Employer _____

Address _____

Signed by _____
Name & Title Date



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
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INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR CLASS 6 (SPECIALIST) LICENSE: SCHOOL PSYCHOLOGY

Complete this form only if applying for a Class 6 License. If not, please discard. The recommending institution must have an NCATE accredited or state board approved professional educator preparation program.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

TO THE APPLICANT: The complete application must be sent to the Dean of Education of the college granting your professional degree or the college where you plan to complete professional requirements. The application must be accompanied by a complete set of official transcripts for the Dean's review. **THESE TRANSCRIPTS MUST BE ATTACHED TO THIS FORM** to become part of the completed application.

TO THE INSTITUTION: (To be completed by the Dean of Education or other appropriate official.) Make your evaluation with reference to your own approved program in school psychology and Montana's minimum standards as listed below:

SCHOOL PSYCHOLOGIST ENDORSEMENT

1. Basic Education: Master's degree in school psychology or equivalent related area	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Completed Course #	Semester Credits	Quarter Credits	Check if Deficient
2. 10 semester (15 quarter) credits in general education/psychology (graduate or undergraduate) training to include:				
a. new careers or transitions	_____	_____	_____	_____
b. human growth and development	_____	_____	_____	_____
c. general psychology	_____	_____	_____	_____
d. educational psychology, and	_____	_____	_____	_____
e. abnormal psychology	_____	_____	_____	_____
3. Education program: (undergraduate or graduate credit)				
a. exceptional children (must include special education)	_____	_____	_____	_____
b. curriculum development	_____	_____	_____	_____
c. diagnosis and remediation of reading	_____	_____	_____	_____
d. educational evaluation, and	_____	_____	_____	_____
4. Psychological methods and techniques: (graduate credit)				
a. individual intelligence testing	_____	_____	_____	_____
b. child (psychopathology)	_____	_____	_____	_____
c. personality assessment	_____	_____	_____	_____
d. interviewing and counseling	_____	_____	_____	_____
e. behavior modification	_____	_____	_____	_____
f. school psychology practicum/internship (a minimum of 4 semester hours or appropriate waiver)	_____	_____	_____	_____
g. administration, role and function of school psychology	_____	_____	_____	_____

I hereby certify that (applicant's name) _____

☐ has satisfactorily completed the approved program requirements of this institution, has met Montana's minimum course requirements and is academically eligible for a Class 6 (specialist) license.

☐ has satisfactorily completed the approved program requirements of this institution but HAS NOT met Montana's minimum course requirements.

☐ is NOT recommended for licensure. Please attach statement.

Signature _____

Institution _____

Title _____

Date _____

Phone _____



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us
ATTN: Educator Licensure

CLASS 5 ALTERNATIVE (SPECIALIST) LICENSE—SCHOOL PSYCHOLOGY

MINIMUM REQUIREMENTS

An Alternative License (Class 5 Specialist) may be issued to applicants who have completed a master's degree in school psychology, or equivalent related area, but have minor discrepancies such as deficiencies in Montana's minimum course requirements or lack of recent credits. The applicant may have no more than four course deficiencies, one of which cannot be individual intelligence testing.

TO APPROPRIATE OFFICIAL: Deficiencies must be indicated to the applicant and specifically identified in the evaluation. The evaluation becomes part of the Plan of Professional Intent when course deficiencies are noted. This Plan of Professional Intent must be signed as a condition for issuance of the Class 5 Alternative License.

PLAN OF PROFESSIONAL INTENT

A. TO BE SIGNED BY AN APPROPRIATE OFFICIAL

_____ has met the minimum requirements and is recommended for a one-
(Name)
year Class 5 Alternative (Specialist) License endorsed for school psychology. To qualify for a Class 6 (Specialist) License, he/she must meet the following specific requirements:

- * ☐ Courses outlined as deficiencies in the evaluation.
- ☐ Recent training: _____ semester (_____ quarter) credits.

Appropriate Official

Date

B. TO BE SIGNED BY APPLICANT

I understand that the Class 5 Alternative (Specialist) License is issued for three (3) years and **IS NOT** renewable. For full licensure I must complete the specific requirements outlined above and qualify for a Class 6 License. Recent credit must be earned within the 5-year period preceding the effective date of the new license.

Applicant's Signature

Date

- * Please indicate specific course deficiencies below:



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INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR CLASS 6 (SPECIALIST) LICENSE ENDORSED FOR *SCHOOL COUNSELOR*

Complete this form only if applying for a Class 6 Specialist License endorsed for School Counselor. If not, please discard. Recommending institution must have an NCATE accredited or state board approved professional educator preparation program.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

TO THE APPLICANT: This form must be sent to the Dean of Education of the college granting your professional degree or the college where you plan to complete professional requirements and must be accompanied by a complete set of official transcripts for the Dean's review. TRANSCRIPTS MUST BE ATTACHED TO THIS FORM to become part of the complete application.

TO THE INSTITUTION: (To be completed by the Dean of Education or other appropriate official.) Make your evaluation with reference to your own approved program in school counseling.

I hereby certify that _____
(Name)

☐ has satisfactorily completed the approved graduate program requirements of this institution for K-12 school counselor to include a 600-hour internship in a school or school-related setting. _____
(Number of hours in internship)

☐ has not yet completed the approved graduate program requirements of this institution for K-12 school counselor.

Signature:	Institution:		
Title:	Date:	Phone:	

CLASS 5 ALTERNATIVE (SPECIALIST) LICENSE: *SCHOOL COUNSELOR*

An Alternative License (Class 5 Specialist) may be issued to applicants who have completed a master's degree in school counseling, or equivalent related area, but have minor discrepancies in program requirements or lack recent credits. **The applicant can have no more than four course deficiencies to qualify for this license.**

PLAN OF PROFESSIONAL INTENT:

A. TO BE COMPLETED BY COLLEGE OFFICIAL

_____ has met the minimum requirements and is recommended for a three-year Class 5 (Specialist) License endorsed for school counselor. To qualify for the Class 6 (Specialist) License, he or she must meet the following specific requirements:

* ☐ Courses outlined as deficiencies in the evaluation.

☐ Recent training: _____graduate semester (_____graduate quarter) credits.

* Please indicate specific course deficiencies below:

Appropriate Official

Date

Institution

B. TO BE SIGNED BY APPLICANT

I understand that the Class 5 Alternative (Specialist) License is issued for three (3) years and **IS NOT** renewable. For full licensure I must complete the specific requirements outlined above and qualify for the Class 6 License.

Applicant's Signature

Date



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MONTANA EDUCATOR LICENSURE APPLICATION CHARACTER AND FITNESS SUPPLEMENT

All applicants must complete and submit this supplement.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

Social Security Number

	Yes	No
Do you currently hold a Montana Educator License?		
Do you currently hold or have ever held a professional certificate, license, or other credential in any other field?		
If yes, please provide: State or Jurisdiction _____ Type of License _____ Certificate Number _____ Issue Date _____ Expiration Date _____		

Answer each of the following questions by checking "Yes" or "No." **If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.**

The questions apply to your experiences in Montana or in any other state or country.		Yes	No	Information Previously Provided to OPI
1	Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending? Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.			
2	Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending? The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.			

		Yes	No	Information Previously Provided to OPI
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of “no contest” (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is “Yes” please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

Release of Information:

I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

Date

Applicant Signature

FOR OFFICE OF PUBLIC INSTRUCTION USE ONLY:

Fingerprint Background Check Complete _____

Investigation Complete _____

Application Approved: _____ Date _____

Comments:



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CLASS 1 CHECKLIST

Please be aware that:

- **incomplete application files will be returned without action,**
- **fees paid are nonrefundable,**
- **returned applications will require payment of an additional fee.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
- ☐ Have you completed the Character and Fitness Supplement? (pages 11-12)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$32 payable to the Montana Department of Justice?
- ☐ Have you included a complete set of official (not a photocopy) transcripts showing your BA and MA degrees and dates of awards?
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 1)
- ☐ Have you indicated what school year you wish to have your license validated? (page 1)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your recent Verification of Education Experience Form been completed by your school district? (page 5)
- ☐ Has your college completed the applicable institutional evaluation and recommendation form? (page 2)



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CLASS 2 CHECKLIST

Please be aware that:

- **incomplete application files will be returned without action,**
- **fees paid are nonrefundable,**
- **returned applications will require payment of an additional fee.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
- ☐ Have you completed the Character and Fitness Supplement? (pages 11-12)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$32 payable to the Montana Department of Justice?
- ☐ Have you included a complete set of official (not a photocopy) transcripts showing your degrees(s) and date(s) of award?
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 1)
- ☐ Have you indicated what school year you wish to have your license validated? (page 1)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your college completed the applicable institutional evaluation and recommendation form? (page 2)



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CLASS 3 CHECKLIST

Please be aware that:

- **incomplete application files will be returned without action,**
- **fees paid are nonrefundable,**
- **returned applications will require payment of an additional fee.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
- ☐ Have you completed the Character and Fitness Supplement? (pages 11-12)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$32 payable to the Montana Department of Justice?
- ☐ Have you included a complete set of official (not a photocopy) transcripts showing your degree(s) and date(s) of award?
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 1)
- ☐ Have you indicated what school year you wish to have your license validated? (page 1)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your recent Verification of Education Experience Form been completed by your school district? (page 5)
- ☐ Has your college completed the applicable institutional evaluation and recommendation form? (page 2 and/or 3 and 4)



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CLASS 4 CHECKLIST

Please be aware that:

- **incomplete application files will be returned without action,**
- **fees paid are nonrefundable,**
- **returned applications will require payment of an additional fee.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
- ☐ Have you completed the Character and Fitness Supplement? (pages 11-12)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$32 payable to the Montana Department of Justice?
- ☐ Have you included a complete set of official (not a photocopy) transcripts showing your degree(s) and date(s) of award or a copy of your high school diploma or GED?
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 1)
- ☐ Have you indicated what school year you wish to have your license validated? (page 1)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your recent verification of career and vocational/technical education work experience form been completed by your employer? (page 6)



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CLASS 5 CHECKLIST

Please be aware that:

- **incomplete application files will be returned without action,**
- **fees paid are nonrefundable,**
- **returned applications will require payment of an additional fee.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
- ☐ Have you completed the Character and Fitness Supplement? (pages 11-12)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$32 payable to the Montana Department of Justice?
- ☐ Have you included a complete set of official (not a photocopy) transcripts showing your degree(s) and date(s) of award?
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 1)
- ☐ Have you indicated what school year you wish to have your license validated? (page 1)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your college completed the applicable institutional evaluation and recommendation form? (page 2 only applicable if you have already completed a professional teacher preparation program)



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CLASS 5 UPGRADE CHECKLIST

Please be aware that:

- **incomplete application files will be returned without action,**
- **fees paid are nonrefundable,**
- **returned applications will require payment of an additional fee.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
- ☐ Have you included official (not a photocopy) transcripts and/or OPI renewal unit certificates showing your degree(s) and date(s) of award?
- ☐ Have you made your check or money order for fees payable to the OPI?



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CLASS 6 CHECKLIST

Please be aware that:

- **incomplete application files will be returned without action,**
- **fees paid are nonrefundable,**
- **returned applications will require payment of an additional fee.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
- ☐ Have you completed the Character and Fitness Supplement? (pages 11-12)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$32 payable to the Montana Department of Justice?
- ☐ Have you included a complete set of official (not a photocopy) transcripts showing your BA and MA degrees and dates of awards?
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 1)
- ☐ Have you indicated what school year you wish to have your license validated? (page 1)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your college completed the applicable institutional evaluation and recommendation form? (page 7 or 9)